

Open Solicitation #0646190148
Women's Cancer Control Program
Montgomery County Rates

Office Visits

(CPT Billing Codes Related to all Services under Form Contract I.A.)

CPT Codes	Description	County Rates Screening/Diagnostic MA rate
99202	<u>New Patient: Single Exam</u> Expanded focused history, expanded focused examination and straightforward medical decision making. (e.g. either a Pap smear with a pelvic exam or a clinical breast exam.)	70.00/50.00
99203	<u>New Patient: Exam</u> Detailed history, a detailed examination; and medical decision making of low complexity. (e.g. including Pap test, pelvic exam and clinical breast exam. Can also be billed in conjunction with a colposcopy, with or without biopsy.	100.00 / 75.00
99211	<u>Established Patients: Single or Repeat Exam</u> Problem focused history, a problem focused examination, and straightforward medical decision making.	20.00 / 17.00
99212	<u>Established Patient: Single Exam</u> Focused history, focused examination and/or straightforward medical decision making. (e.g. either a Pap smear with a pelvic or clinical breast exam.)	40.00 / 30.00
99213	<u>Established Patient: Exam</u> Expanded history, expanded examination and/or medical decision making of low complexity. (e.g. Pap smear, pelvic exam, and clinic breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.)	60.00 / 45.00
99386	<u>New Patient: initial preventive Medicine visit</u> Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only reimburse at 99202 rates).	110.00 / 110.00
99396	<u>Est. Patient: preventive Medicine visit 40-64 years</u> Age 40-64 years (e.g. Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99212 rates.	75.00 / 85.00

Procedures-Screening

(CPT Billing Codes Related to Services under Form Contract Sections I.A.3 & 4)

CPT Codes	Description	County Rates Screening/Diagnostic MA rate
57452	<u>Colposcopy</u> Provider's Office	120.00 / 105.00
57454	<u>Colposcopy</u> Colposcopy, with biopsy of the cervix and/or endocervical curettage, Provider's Office	170.00 / 150.00
57455	<u>Colposcopy</u> Colposcopy, with biopsy (ies) of the cervix, Provider's Office	160.00 / 140.00
57456	<u>Colposcopy</u> Colposcopy, with endocervical curettage, Provider's Office	150.00 / 130.00

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Procedures-Diagnostic

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 7)

CPT Codes	Description	County Rates Diagnostic MA rate
57460	<u>Endoscopy</u> Endoscopy with loop electrode biopsy(s) of the cervix Provider's Office	290.00
57461	<u>Endoscopy</u> Endoscopy with loop electrode conization of the cervix Provider's Office	330.00
57500	Biopsy, single or multiple, or local excision of lesion, With or without fulguration (separate procedure)	130.00
57505	Endocervical curettage (not done as part of a dilation and curettage) Provider's Office	95.00
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	300.00
57522	Loop electrode excision procedure Provider's Office	255.00
58100	Endometrial sampling (biopsy with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	105.00
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	48.00

Diagnostics - Radiology Facilities (non-hospital)

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 6)

CPT Codes	Description	County Rates Diagnostic MA rate
77031	<u>Stereotactic localization guidance for breast biopsy or needle placement</u> Global Technical Component (TC) Interpretation (26)	170.00 120.00 50.00
77032	<u>Mammographic guidance for needle placement breast</u> Global Technical Component(TC) Interpretation (26)	50.00 30.00 20.00
76098	<u>Radiological examination, surgical specimen</u> Imaging supervision and interpretation Global Technical Component (TC) Interpretation (26)	15.00 10.00 5.00

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76942	<u>Ultrasonic guidance for needle placement</u> Imaging supervision and interpretation Global Technical Component (TC) Interpretation (26)	135.00 88.00 24.00

Screenings-Radiology Facilities (non-hospital)
(CPT Billing Codes Related to Services under Form Contract Sections 1.A.1-3)

CPT Codes	Description	County Rates Screening/Diagnostic MA rate
77055	<u>Unilateral Mammography/Diagnostic</u> Global Technical Component (TC) Interpretation (26)	60.00 35.00 25.00
77056	<u>Bilateral Mammography/Diagnostic</u> Global Technical Component (TC) Interpretation (26)	120.00 / 78.00 75.00 / 48.00 45.00 / 30.00
77057	<u>Screening Mammography</u> Global Technical Component (TC) Interpretation (26)	80.00 50.00 30.00
G0202	<u>Screening mammogram, Digital Bilateral</u> Global Technical Component (TC) Interpretation	115.00 / 100.00 (MA rate=global only) 80.00 35.00
G0204	<u>Diagnostic mammogram, Digital Bilateral</u> Global Technical Component (TC) Interpretation	140.00 / 115.00 (MA rate=global only) 100.00 40.00
G0206	<u>Diagnostic mammogram, Digital Unilateral</u> Global Technical Component (TC) Interpretation	115.00 / 90.00 (MA rate=global only) 80.00 35.00

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Ultrasound of the Breast

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.2 & 3)

76645	<u>Ultrasound</u> Global Technical Component (TC) Interpretation (26)	100.00 / 65.00 72.00 / 46.00 28.00 / 19.00
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MRI of the Breast

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.6.c.)

77058	<u>MRI</u> Global Technical Component (TC) Interpretation (26)	660.00 602.00 58.00
77059	<u>MRI</u> Global Technical Component (TC) Interpretation (26)	660.00 610.00 50.00

Pathology - Screening

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.3 & 4)

CPT Codes	Description	County Rates*
88164	<u>Cytopathology, Slides, Cervical, or Vaginal</u> The Bethesda System, up to 3 smears, manual screening by technician under physician supervision.	14.00 / 11.00
88142	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under Physician supervision. Reported in Bethesda System.	28.50 / 21.50
88305	<u>Surgical Biopsy, Biopsy of Cervix</u> Global Technical Component (TC) Interpretation (26)	120.00 / 80.00 81.00 / 52.50 39.00 / 27.50

*Rate is inclusive of average rates for lab fees.

Laboratory - Screening

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.3 & 4)

CPT Codes	Description	County Rates*
87621	<u>HPV Hybrid capture II test (high-risk panel)</u> Must be reported in the Bethesda System.	49.00 / 33.00

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Pathology – Diagnostic

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.4-7)

CPT Codes	Description	County Rates*
88172	<u>Cytopathology</u> Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Global Technical Component (TC) Interpretation (26)	40.00 17.50 22.50
88173	<u>Cytopathology.</u> <u>Evaluation of fine needle aspirate;</u> Interpretation and report Global Technical Component (TC) Interpretation (26)	104.00 52.00 52.00
88143	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.	21.50
88307	<u>Surgical Biopsy, Biopsy of Cervix</u> Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins. Global Technical Component (TC) Interpretation (26)	155.00 97.00 58.00
88331	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s), single specimen Global Technical Component (TC) Interpretation (26)	66.00 22.50 43.50
88332	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s), each additional specimen Global Technical Component (TC) Interpretation (26)	29.00 8.00 21.00

General Surgical Consultation and/or Clinical Breast Examination

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5, 6, & 7)

CPT Codes	Description	County Rates*
99202	<u>New Patient: Single Exam</u> Expanded focused history, expanded focused examination and straightforward medical decision making.	51.00
99212	<u>Established Patient: Single or Repeat Examination</u> Focused history, focused examination and/or straightforward decision making, i.e. a repeat CBE.	30.00

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Breast Incision, Repair and Reconstruction Codes

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 6)

CPT Codes	Description	County Rates*
		<i>Non-Facility/Facility</i>
19000	Puncture aspiration of cyst of breast	84.00 / 33.00
19001	Puncture aspiration of cyst of breast Each additional cyst, used with 19000	19.00 / 16.00
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	102.00 / 49.00
19101	Breast biopsy, open, Incisional	231.50 / 151.50
19102	Breast biopsy, percutaneous, needle core, not using imaging guidance For placement of localization clip use 19295	168.00 / 76.00
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	439.00 / 141.00
19120	Excision of cyst, fibro-adenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	319.00 / 271.00
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	342.00 / 301.00
19126	Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	113.00 / 113.00
19290	Preoperative placement of needle localization wire, breast	135.00 / 48.00
19291	Preoperative placement of needle localization wire, breast each additional lesion	53.00 / 23.00
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	77.50 / 77.50
10021	Fine needle aspiration without imaging guidance	188.00 / 133.00
10022	Fine needle aspiration with imaging guidance	108.00 / 47.50

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Anesthesia

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5, 6, & 7)

CPT Codes	Description	County Rates*
00400	<u>Anesthesia:</u> For procedures on the integumentary system, anterior trunk, not otherwise specified (Provider's Office).	Conversion factor: 1.1486 Base Units =3 (RVU=45)
	Anesthesia fees are the sum of the total time in minutes plus the base units converted to time units multiplied by the listed fee per unit and by the modifier rate (50% or 100%). Payment will be the lower of the provider' charge or the calculated fee amount. Base unit for 00400=3; base unit converted to time units for 00400=45 (3 base units x 15 minutes= Relative Value Unit).	

Example: CPT 00400, Time = 100 minutes, Modifier = QX

Total Units = (number of minutes + RVU) x Conversion Factor

Total Reimbursement = (100 minutes + 45 RVU) x 1.1486 Conversion Factor = 166.55 x .50 QX modifier = \$83.27

Modifiers:

- AA** Anesthesia services performed personally by anesthesiologist (100%)
- QK** Medically directed by a physician: two, three or four concurrent procedures (50%)
- QX** Certified Registered Nurse Anesthetist (CRNA) with medical direction by a physician (50%)
- QY** Medical direction of CRNA by an anesthesiologist (50%)
- QZ** CCRNA without medical direction by a physician (100%)